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THERAPEUTIC RESPONSES TO AZT 1 3TC 1 EFV IN ADVANCED ANTIRETROVIRAL NAIVE HIV TYPE 1-INFECTED UGANDAN PATIENTS

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ABSTRACT

Convenient, non-food-dependent dosing, low tablet volume, and relatively low cost have made nonnucleoside reverse transcriptase inhibitors a first choice for both clinicians and patients in Uganda. Concerns exist as to their efficacy in patients with viral loads (VL) above 100,000 copies/ml, a feature common to about 75% of HIV-1-infected patients presenting at the Joint Clinical Research Center (JCRC) in Uganda. Furthermore, there are few data on the response to such therapy of non-B subtypes, A and D, predominant in Uganda. Presented here is a retrospective analysis of therapeutic responses in 11 antiretroviral (ARV) naïve HIV-1-infected Ugandan patients who had been initiated on zidovudine (AZT), lamivudine (3TC), and efavirenz (EFV). Laboratory assessments subsequent to initiation of ARV therapy, done at 11.6 6 3.9 weeks and 30.6 6 5.9 weeks, showed 88.9 and 71.4% patients achieved undetectable viral load, respectively. Virological suppression to below detection occurred in 85.7% of patients at 11.6 weeks despite baseline VL $ 100,000 copies/ml. At 31 weeks there was a median increment of 1183 cells/mm3 in CD41 T lymphocytes. These findings reflect significant efficacy in the use of AZT 1 3TC 1 EFV in advanced ARV naive non-B subtype HIV-1-infected patients. The therapeutic responses were comparable to those previously described in the western world.

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